

STRESS QUESTIONNAIRE

Stevan Cordas DO MPH

The purpose of this questionnaire is to get your point of view regarding your medical problems. I do not want the opinion of your neighbor, relatives or another doctor. I want YOUR opinion.

All medical problems can be generally thought about as an imbalance between the genetics and the environment. What type of environmental stress is present is difficult to pinpoint and this questionnaire can help narrow it down. There are five general types of stress causing mechanisms that create illness. These are (a) nutritional and metabolic (b) emotional or psychological (c) allergic and other environmental factors (d) structural and (e) genetic and biochemical. This questionnaire is designed to quickly look at these areas and guide the physician as to where to direct more inquiry.

Please answer all the positive questions by placing a circle around the number. Skip the questions that do not apply to you in the past six months. Add up the numbers next to the positive questions and put this number in the total. There should be five totals. Thank you for helping us to help you. You may write comments next to or under the question if you wish.

If you answer yes, circle the number. Then add up the numbers and place in the total for each section.

Behavioral

- 10 (a) Are you more tense or anxious to a greater extent than average?
- 5 (b) Do you have trouble falling asleep or staying asleep?
- 10 (c) Do you often feel blue or depressed?
- 5 (d) Do you feel that you hold too much inside?
- 5 (e) Have you been under the care of a psychiatrist or psychologist in the past?
- 5 (f) Are you unusually moody?
- 5 (g) Do you feel that people are turning against you?
- 10 (h) Have you considered suicide?
- 15 (i) Do you smell, see or taste things that are not really there?
- 10 (j) Do you take nerve pills, antidepressants or sleeping pills?
- 5 (k) Are you having sexual problems?
- 5 (l) Do feel especially bored with your life?
- 5 (m) Are you lonely?
- 5 (n) Are you just as tired in the morning as during the day?

Total for Behavioral

Genetic

- 10 (a) Do you suffer from any genetic problem that you are aware of ?
- 10 (b) Is there a history of diabetes in your blood family?
- 5 (c) Does sinus, allergies or asthma run in your family?
- 10 (d) Does Heart disease occur in your family?
- 5 (e) Does thyroid disease run in the family?
- 10 (f) Does cancer run in the family?

- 5 (g) Does mental or emotional problems run in the family?
- 5 (h) Does Alzheimer's disease run in the family?
- 10 (i) Does high blood pressure run in the family?
- 5 (j) Does osteoporosis run in the family?
- 5 (k) Does epilepsy run in the family?
- 5 (l) Does arthritis run in the family?
- 5 (m) Have you had recurring infections since childhood?
- 5 (n) Does obesity run in your family?
- 5 (o) Does any hereditary illness run in the family that is not mentioned?

Total for Genetic

Environmental-Allergic

- 10 (a) Do you have allergies?
- 10 (b) Are you unusually sensitive to fumes, paint, or other chemicals?
- 5 (c) Do you suffer from fibromyalgia or have muscle pains that are unexplained?
- 5 (d) Do you suffer from chronic headaches
- 5 (e) Do have chronic or recurrent sinus problems?
- 5 (f) Have you suffered from hay fever?
- 10 (g) Have you ever had asthma?
- 10 (h) Do you believe that any foods have caused you to have any problems?
- 5 (i) Do you have problems with constipation, diarrhea or gas?
- 10 (j) Do you work around metals or chemicals that you believe contribute to your illness?
- 5 (k) Have you had hives, eczema or rashes?
- 10 (l) Do you or did you smoke, drink more than one alcoholic drink per day, take recreational drugs (cocaine, marijuana, amphetamines etc.?)
- 10 In your opinion, do you suffer from a chronic infection of some sort?

Total for Environmental-Allergic

Nutritional

- 10 (a) Do you eat or crave sweet foods, chocolate, soft drinks or other sweets?
- 5 (b) Do you generally use white bread?
- 5 (c) Do you frequently eat red meats such as beef or pork?
- 10 (d) Do you drink more than two cups of coffee a day?
- 5 (e) Do you drink more than one soft drink a day usually?
- 10 (f) Have you ever had low blood sugar?
- 5 (g) Have you ever lost your sense or smell or taste?
- 5 (h) Are you a big milk drinker?
- 5 (i) Do you generally not take vitamin supplements?
- 10 (j) Do you not drink enough water in your opinion? At least 4 to 6 glasses per day
- 5 (k) Has your weight significantly changed in recent years?
- 5 (l) Are you bruising more than average?
- 5 (m) Have you had a problem with brittle nails or loosing hair?
- 5 (n) Do you usually skip at least one meal a day?

- 5 (o) Is your skin getting dryer?
- 5 Do you crave certain foods?

Total for Nutritional

Structural

- 10 (a) Have you had manipulation on your back?
- 5 (b) Do you have a limp?
- 5 (c) Do you have scoliosis or a crooked spine?
- 10 (d) Have you had back or neck surgery?
- 10 (e) Have you had back pain, headaches or general body pain after an injury or fall?
- 5 (f) Have you hurt your tail bone in the past?
- 10 (g) Have you had numbness or pins and needles frequently in a hand arm or leg?
- 5 (h) Do you have frequent back or neck pain?
- 5 (i) Were you ever paralyzed?
- 10 (j) Do you have chronic fatigue syndrome or fibromyalgia?
- 5 (k) Have you had a frozen shoulder or frequent shoulder problems?
- 5 (l) Do you have problems walking?
- 5 (m) Do you suffer from your jaw hurting, popping or locking up?
- 10 (n) Do you have rheumatoid arthritis, osteoarthritis, lupus or another form of arthritis?

Total for Structural

Are you more sensitive to odors and smells than average? Yes

No

Do you have any visible mold in your home or work place? Yes No
Is there anything you would like to add as to what makes the most stress on you at this time? Explain.

Fill in the numbers from the totals above.

Behavioral Genetic Environmental Nutritional Structural